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I hereby appoint:				
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):				
Name	Registration Number	Na	me Registration Number	

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CPR 3.73(b).				
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:				
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of				
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SIGNATURE of Assignee of Record The individual whee signapare and title is supplied below is authorized to act on behalf of the assignee				
Signature	3		Date 17 AUT-2007	
Name Julia Ceffale			Telephone	
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